

(16)

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

CLAIMS AS FILED - PART I							ENTITY		OTHER	TUAN
<u>. </u>					umn 2) TYPE		OR		OTHER THAN SMALL ENTITY	
FOR		NUMB	ER FILED	NUMBER	EXTRA	RATE	FEE]	RATE	, FEE
ВА	SIC FEE	1,22,3			i,		380.00	OR		760.00
то	TAL CLAIMS		minus 2	0= * 40		X\$ 9=		OR	X\$18=	200
INC	EPENDENT CL	.AIMS	5 minus 3 = * 2			X39=		OR	X78=	156
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT			+130=		OR	+260=	ريز ت
* If	the difference	in column 1 is	less than zer	ro, enter "0" in o	column 2	TOTAL		OR	TOTAL	1626
	CLAIMS AS AMENDED - PART II							Jon	OTHER	THAN
<u> </u>	. • •	(Column 1)		(Column 2)	(Column 3)	SMALL	ENTITY	OR	SMALL	
AMENDMENT A	4	CLAIMS REMAINING AFTER AMENDMENT	#	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus .	##	=	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	=	X39=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+130=		OR	+260=	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)	, , , , , , , , , , , , , , , , , , , ,				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	*** ENDENT CLAIM	= '	X39=		OR	X78=	
	FINOT PRESE	NIAHON OF W	ULTIPLE DEFI	ENDENT CLAIM		+130=		OR	+260=	
						TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
\ME	Independent	*	Minus	***]=	X39=	· · · · · ·		X78=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						OR			
	f the entry in colu	+130=		OR	+260=					
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									
				Independent) is the		found in the app	ropriate box	in col	umn 1.	

This Form for INTERNAL PTO ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

		1
APPLICATION NUMBER:	RD	<u></u>

Total Fee Calculation										
	Fee Code	Total #.Claims	Number Extra	х	Fcc	Fee		Total		
	Sm./Lg.				Sm. Entity	Lg. Entity		$O(\Lambda)$		
Baste Filing Fee	201/101	<u> </u>	r 11.				3	160		
Total Claims >20	203/103	20 =	90	x		18_	3.	120		
Independent Claims >3	202/102	., ., .	2	х		<i>7</i> 8_	3 .	156		
Mult. Dep Claim Present	204/104						3 /			
Surcharge	205/105						((130/6		
English Translation	139							<u> </u>		
TOTAL FEE CALCULA	ATION	`						176 k		
Fees due upon filing t	he application.									
Total Filing Fees Due	= \$	1766				•				
Less Filing Fees Subm	nined - S		-) .				
BALANCE DUE	= s	1/66		_						
Office of Initial Patent	Examination	·								

Figure 7

FORM OIPE-RAM-01 (Rev. 12/97)